

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90076 044 ***150.00

DOCUMENT # P00000043828

1. Entity Name

UNLIMITED TURBOS, INC.



Principal Place of Business

2950 W 84 ST
BAY # 3
MIAMI FL 33018

Mailing Address

2950 W 84 ST
BAY # 3
MIAMI FL 33018

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1004191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBUERNE, LAZARO
18843 NW 89TH AVENUE
MIAMI FL 33018

Name

Street Address (P.O. Box Number is Not Acceptable)

17759 S.W. 54 ST

City MIAMI

FL

Zip Code 33029

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consenting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ALBUERNE, LAZARO
STREET ADDRESS 18843 NW 89TH AVENUE
CITY ST-ZIP MIAMI FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS 17759 S.W. 54 ST
CITY ST-ZIP MIAMI, FL 33029 ☐ Change ☐ Addition

TITLE VD
NAME ALBUERNE, BARBARA
STREET ADDRESS 18843 NW 89TH AVENUE
CITY ST-ZIP MIAMI FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS 17759 S.W. 54 ST
CITY ST-ZIP MIAMI, FL 33029 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

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CITY ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature] LAZARO ALBUERNE

3-107

305-362-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #